



Region 2

**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

04/03/2007

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: NJD053510152

INSTALLATION NAME: HESS CORP NEWARK-DELANCY TERMINAL

**INSTALLATION ADDRESS : 1111 DELANCEY ST
NEWARK, NJ 07105**

**MAILING ADDRESS : 1 HESS PLAZA
WOODBIDGE, NJ 07095**

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-3056**

**TO: HESS CORP NEWARK-DELANCY TERMINAL
or Current Occupant
ATTN: JOHN GEITNER
1 HESS PLAZA
WOODBIDGE, NJ 07095**

**MAIL THE
COMPLETED FORM**

TO:
The appropriate EPA
Regional or State Office.

United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM - 2005

ENVIRONMENTAL PROTECTION
AGENCY REGION II

2006 NOV 14 PM 12:10
RCRA PROGRAM
BRANCH

1. Reason for Submittal (see instructions on page 9) MARK ALL BOX(ES) THAT APPLY	A. Reason for Submittal: <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste or used oil activities). <input checked="" type="checkbox"/> To provide subsequent notification (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #) <input type="checkbox"/> As a component of Hazardous Waste Report.		
2. Site EPA ID Number (see instructions on page 10)	EPA ID Number: NJD053510152		
3. SiteName (see instructions on page 11)	Site Name: Hess Newark-Delancy Terminal		
4. Site Location Information (see instructions on page 10)	Street Address: 1111 DELANCEY STREET		
	City, Town or Village: Newark	State: NJ	
	County Name: ESSEX	Zip Code: 07105	
5. Site Land Type (see instructions on page 10)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (see instructions on page 10)	A. 42271	B.	
	C.	D.	
7. Site Mailing Address (see instructions on page 11)	Street or P.O. Box: One Hess Plaza		
	City, Town or Village: Woodbridge		
	State: NJ		
	Country: UNITED STATES	Zip Code: 07095	
8. Site Contact Person (see instructions on page 11)	First Name: John	MI:	Last Name: Geitner
	Phone Number: 7327507105	Extension:	Email Address: jgeitner@hess.com
9. Operator and Legal Owner of the Site (see instructions on page 11 and 12)	Name of Site's Operator: HESS CORPORATION		Date Became Operator (mm/dd/yyyy): 03/01/1990
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	Name of Site's Legal Owner: HESS CORPORATION	Date Became Owner (mm/dd/yyyy): 03/01/1990	
Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			

9. Legal Owner (Continued) Address	Street or P.O. Box: One Hess Plaza	
	City, Town or Village: Woodbridge	
	State: NJ	
	Country: UNITED STATES	Zip Code: 07095

10. Type of Regulated Waste Activity (Mark "Yes" or "No" for all activities; complete an additional boxes as instructed)**A. Hazardous Waste Activities**

Complete all parts for 1 through 6.

Y ☒ N ☐ **1. Generator of Hazardous Waste**
If "Yes", choose only one of the following - a, b or c.

- ☒ a. LQG: Greater than 1000 kg/mo (2,200 lbs.) of non-acute hazardous waste; or
- ☐ b. SQG: 100 to 1000 kg/mo (220 - 2,200 lbs.) of non-acute hazardous waste; or
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs.) of non-acute hazardous waste

In addition, indicate other generator activities.

- Y ☐ N ☒ d. United States Importer of Hazardous Waste
- Y ☐ N ☒ e. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☒ **2. Transporter of Hazardous Waste**

Y ☐ N ☒ **3. Treater, Storer or Disposer of Hazardous Waste (at your site)**
Note: A hazardous waste permit is required for this activity.

Y ☐ N ☒ **4. Recycler of Hazardous Waste (at your site)**

Y ☐ N ☒ **5. Exempt Boiler and/or Industrial Furnace**

- ☐ a. Small Quantity On-Site Burner Exemption
- ☐ b. Smelting, Melting, Refining Furnace Exemption

Y ☐ N ☒ **6. Underground Injection Control**

B. Universal Waste Activities

Y ☐ N ☒ **1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. If "Yes", mark all boxes that apply:**

	<u>Generated</u>	<u>Accumulated</u>
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>

Y ☐ N ☒ **2. Destination Facility for Universal Waste**
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

Y ☐ N ☒ **1. Used Oil Transporter**
If "Yes", mark each that applies.

- ☐ a. Transporter
- ☐ b. Transfer Facility

Y ☐ N ☒ **2. Used Oil Processor and/or Re-refiner**
If "Yes", mark each that applies.

- ☐ a. Processor
- ☐ b. Re-refiner

Y ☐ N ☒ **3. Off-Specification Used Oil Burner**

Y ☐ N ☒ **4. Used Oil Fuel Marketer**
If "Yes", mark each that applies.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes (see instructions on page 16)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

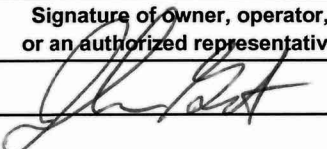
D001	D006	D007	D018	F002	F003	F005

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if needed for more waste codes.

12. Comments (see instructions on page 17)

Air Hanger, Inc. requests EPA Region 2 to change the status of the EPA ID# associated with this terminal to ACTIVE.

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (see instructions on page 17)

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	John Geitner, Environ. Eng.	11/08/2006



Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

Comments

[illegible]

Installation's EPA ID Number											Approved			Date Received (yr. mo. day)							
C										T/A	C				8	0	0	8	1	8	
F	N	J	D	0	5	3	5	1	0	1	5	2									

[illegible]

Street or P.O. Box

[illegible]

City or Town															State	ZIP Code					
C	W	O	O	D	B	R	I	D	G	E						NJ	0	7	0	9	S

Street or Route Number

[illegible]

City or Town															State		ZIP Code					
C	N	E	W	A	R	K											NJ	0	7	1	0	2

Name and Title (last, first, and job title)

C																Phone Number Area Code and Number														
2	C	L	A	R	K		F	L	-	V	P	-	T	E	R	M	I	N	A	L	2	0	1	7	5	0	6	0	0	0

A. Name of Installation's Legal Owner

C											C. Type of Ownership (enter code)													
R	A	M	E	R	A	D	A		H	E	S	S		C	O	R	P							P

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities	
<input checked="" type="checkbox"/> 1a. Generator	<input type="checkbox"/> 1b. Less than 1,000 kg/mo.	<input type="checkbox"/> 6. Off-Specification Used Oil Fuel (enter "X" and mark appropriate boxes below)	
<input type="checkbox"/> 2. Transporter		<input type="checkbox"/> a. Generator Marketing to Burner	
<input type="checkbox"/> 3. Treater/Storer/Disposer		<input type="checkbox"/> b. Other Marketer	
<input type="checkbox"/> 4. Underground Injection		<input type="checkbox"/> c. Burner	
<input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel (enter "X" and mark appropriate boxes below)		<input type="checkbox"/> 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification	
<input type="checkbox"/> a. Generator Marketing to Burner			
<input type="checkbox"/> b. Other Marketer			
<input type="checkbox"/> c. Burner			

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler ☐ B. Industrial Boiler ☐ C. Industrial Furnace

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify) _____

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☐ A. First Notification
 ☒ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number											
N	J	D	0	5	3	5	1	0	1	5	2

053510152

ID - For Official Use Only											
C										T/A	C
W											1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24)

☒ 1. Ignitable
(D001)

☐ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☒ 4. Toxic
(D000)

(NS X WASTE)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

F.L. Clark

Name and Official Title (type or print)

F.L. CLARK, V.P.-TERMINALS

Date Signed

5-9-90

EPA Form 8700-12 (Rev. 11-85) Reverse

☐ A. First Notification ☐ B. Subsequent Notification ☐ C. Other (Specify)

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is a first or subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☐ A. First Notification

☐ B. Subsequent Notification (complete Form Q)

C. Installation's EPA ID Number

EPA Form 8700-12 (Rev. 11-85) Printing on one side

Continued on reverse



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• NJD053510152
ATLANTIC RICHFIELD - NEWARK TERM.
1111 DELAWARE ST.
NEWARK NJ 07105

INSTALLATION ADDRESS

same

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITYINSTALLATION'S EPA I.D. NO.
I. NAME OF INSTALLATION
II. INSTALLATION MAILING ADDRESS
III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER
APPROVED
DATE RECEIVED (yr., mo., & day)

I. NAME OF INSTALLATION

ATLANTIC RICHFIELD NEWARK TERMINAL

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

1111 DELANCY STREET

CITY OR TOWN

NEWARK

ST.

ZIP CODE

NJ 07105

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

1111 DELANCY STREET

CITY OR TOWN

NEWARK

ST.

ZIP CODE

NJ 07105

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

FIORECHI DAVID TERMINAL SUPT

PHONE NO. (area code & no.)

201-589-0100

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

ATLANTIC RICHFIELD COMPANY

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY												
5	4	3	2	1	12	11	10	9	8	7	6	5
W	M	D	0	5	3	5	1	0	1	5	2	2
1	2	3	4	5	6	7	8	9	10	11	12	13

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☒ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

David A. Fiorochi

NAME & OFFICIAL TITLE (type or print)

DAVID A. FIOROCHI
TERMINAL SUPERINTENDENT

DATE SIGNED

07-18-80

RP

ATTACHMENT #1 - EPA REGION II

EPA REGULATIONS FOR HAZARDOUS WASTE MANAGEMENT

SUBMISSION OF "NOTIFICATION OF HAZARDOUS WASTE ACTIVITY" FORMS AUGUST 18, 1980

PETROLEUM PRODUCTS MARKETING FACILITIES OWNED AND OPERATED BY ATLANTIC RICHFIELD COMPANY

TYPE OF FACILITY

EPA I.D. No.

ADDRESS

Bulk Products Terminals

Newark, New Jersey

NJD053510152

1111 Delancy Street
Newark, New Jersey 07105

Trenton, New Jersey

NJD000691808

Lamberton Road, Duck Island
Trenton, New Jersey

Woodbury, New Jersey

NJD075522904

Crown Point Road
Trenton, New Jersey

Big Flats, New York

NYD000818526

Route 352
Big Flats, New York 14814

Rensselaer, New York

NYD000691782

58 Riverside Avenue
Rensselaer, New York 12044

Rochester, New York

NYD045694022

1840 Lyell Avenue
Rochester, New York 14606

Syracuse, New York

NYD000691790

540 Solar Street
Syracuse, New York 13201

Tonawanda, New York

NYD059957324

3733 River Road
Tonawanda, New York 14150

Vestal, New York

NYD000691816

440 Prentice Road
Vestal, New York 13850

Wayland, New York

NYD000691824

Route 2
Wayland, New York 13294

Asphalt Plants

Gloucester, New Jersey

NJD000691774

Foot of Water Street
Gloucester, New Jersey 08030

no change
delete TSD
ENVIRONMENTAL PROTECTION AGENCY
NEW YORK, N.Y. 10007
JUN 11 2 34 PM '80
PERMITS ADMINISTRATION
REGION II

ARCO Petroleum Products Company
515 South Flower Street
Mailing Address: Box 2679 - T.A.
Los Angeles, California 90051
Telephone 213 486 8258

James S. White
Consultant
Environmental and Health Programs

PERMITS ADMIN. BRANCH
REGION II

JUN 11 2 34 PM '81

ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007



June 8, 1981

Mr. Julio Morales-Sanchez
U.S. Environmental Protection Agency
Permits Administration Branch
Region II
26 Federal Plaza
New York, New York 10278

see Mark action

Dear Mr. Morales-Sanchez:

This is the second notification sent to your office relative to the treatment, storage and disposal activity (TSD) status of our petroleum products and asphalt terminals. In letters dated December 2, 1980 and March 3, 1981, we explained that our initial indication of TSD activities was precautionary. Subsequent to the filing of the Notification Form (Form No. 8700-12), a review of operations at these facilities and clarification of some of the regulations revealed that TSD activities are not conducted at any of these terminals.

Please carefully review the attached listing of the subject facilities and adjust your records accordingly.

Very truly yours,

James S. White

JSW:mw

Att.

ATTACHMENT #1 - EPA REGION II

EPA REGULATIONS FOR HAZARDOUS WASTE MANAGEMENT

SUBMISSION OF "NOTIFICATION OF HAZARDOUS WASTE ACTIVITY" FORMS AUGUST 18, 1980

PETROLEUM PRODUCTS MARKETING FACILITIES OWNED AND OPERATED BY ATLANTIC RICHFIELD COMPANY

TYPE OF FACILITY

ADDRESS

Bulk Products Terminals

Newark, New Jersey NJD053510152 ✓ 1111 Delancy Street
Newark, New Jersey 07105

Trenton, New Jersey NJD000691808 ✓ Lamberton Road, Duck Island
Trenton, New Jersey

Woodbury, New Jersey NJD075522904 ✓ Crown Point Road
Trenton, New Jersey

Big Flats, New York NYD000818526 ✓ Route 352
Big Flats, New York 14814

Rensselaer, New York NYD000691782 ✓ 58 Riverside Avenue
Rensselaer, New York 12044

Rochester, New York NYD045604022 ✓ 1840 Lyell Avenue
Rochester, New York 14606

Syracuse, New York NYD000691790 ✓ 540 Solar Street
Syracuse, New York 13201

Tonawanda, New York NYD059957324 ✓ 3733 River Road
Tonawanda, New York 14150

Vestal, New York NYD000691816 ✓ 440 Prentice Road
Vestal, New York 13850

Wayland, New York NYD000691824 ✓ Route 2
Wayland, New York 13294

Asphalt Plants

Gloucester, New Jersey NJD000691774 ✓ Foot of Water Street
Gloucester, New Jersey 08030

Three Rivers, New York 3473 Maider Road RD 12
Clay, New York 13041

ARCO Petroleum Products Company
515 South Flower Street
Mailing Address: Box 2679 - T.A.
Los Angeles, California 90051
Telephone 213 486 2876

B. S. DiGiovanni
Manager
Environmental Coordination



December 2, 1980

Dr. Earnest Regna, Chief
Solid Waste Branch
EPA Region II
26 Federal Plaza
New York, New York 10007

Subject: Compliance with RCRA Requirements
ARCO Petroleum Products Company
Marketing Department Facilities

Dear Mr. Regna:

On August 15, 1980 Notification of Hazardous Waste Activity forms were submitted for the Atlantic Richfield Company facilities listed in Attachment #1. As noted and explained in our transmittal letter, an "X" was entered in the Treat/Store/Dispose box of the forms as a precaution at the time of filing.

Subsequent to the filing of Notifications, a review of operations at these facilities and clarification of some of the regulations indicates Treat/Store/Dispose activities are not conducted at any of the referenced facilities. As a result, it was not necessary to submit a Part A permit application prior to November 19, 1980 to qualify for interim status for any of the facilities listed in Attachment #1.

We trust this information will assist your administration of the RCRA program.

Very truly yours,

B. S. Di Giovanni

BSD:mw

Att.

ATTACHMENT #1 - EPA REGION II

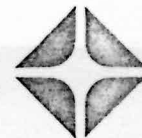
EPA REGULATIONS FOR HAZARDOUS WASTE MANAGEMENT

SUBMISSION OF "NOTIFICATION OF HAZARDOUS WASTE ACTIVITY" FORMS AUGUST 18, 1980

PETROLEUM PRODUCTS MARKETING FACILITIES OWNED AND OPERATED BY ATLANTIC RICHFIELD COMPANY

<u>TYPE OF FACILITY</u>	<u>ADDRESS</u>
<u>Bulk Products Terminals</u>	
Newark, New Jersey	1111 Delancy Street Newark, New Jersey 07105
Trenton, New Jersey	Lamberton Road, Duck Island Trenton, New Jersey
Woodbury, New Jersey	Crown Point Road Trenton, New Jersey
Big Flats, New York	Route 352 Big Flats, New York 14814
Rensselaer, New York	58 Riverside Avenue Rensselaer, New York 12044
Rochester, New York	1840 Lyell Avenue Rochester, New York 14606
Syracuse, New York	540 Solar Street Syracuse, New York 13201
Tonawanda, New York	3733 River Road Tonawanda, New York 14150
Vestal, New York	440 Prentice Road Vestal, New York 13850
Wayland, New York	Route 2 Wayland, New York 13294
<u>Asphalt Plants</u>	
Gloucester, New Jersey	Foot of Water Street Gloucester, New Jersey 08030
Three Rivers, New York	3473 Maider Road RD 12 Clay, New York 13041

ARCO Petroleum Products Company
515 South Flower Street
Mailing Address: Box 2679 - T.A.
Los Angeles, California 90051
Telephone 213 486 2876



B. S. DiGiovanni
Manager
Environmental Coordination

August 15, 1980

Dr. Earnest Regna, Chief
Solid Waste Branch
EPA Region II
26 Federal Plaza
New York, New York 10007

Subject: Notification of Hazardous Waste Activity
Atlantic Richfield Company Petroleum Products Company
Marketing Department Facilities

Dear Dr. Regna:

Atlantic Richfield Company hereby submits "Notification of Hazardous Waste Activity" forms for the company owned and operated petroleum products marketing facilities located in EPA Region II. Please refer to Attachment #1.

Because of the time constraint of the August 18, 1980 filing date and the need for clarification of some of the regulations, we are not in a position to definitively determine, prior to submitting these Notifications, whether or not certain activities at these facilities are subject to EPA regulations for hazardous waste management. As a precaution, we have entered an "X" in the Treat/Store/Dispose box, as well as the Generation box, of Section VI and have placed an "X" in each of the four boxes for Characteristics of Non-Listed Hazardous Waste in Section IX E of the Notifications. A pending review of operations at these facilities, to be completed by November 19, 1980, and clarification of some of the regulations, may determine that it will not be necessary to submit RCRA permit applications for any or some of the facilities.

A response from your agency, providing EPA identification numbers for each of the facilities listed in Attachment #1, sufficiently in advance of the November 19, 1980 date to assist compliance with manifest requirements would be appreciated. Atlantic Richfield Company is pleased to work with your agency on this program to manage hazardous waste and promote conservation of our resources.

Very truly yours,

B. S. Di Giovanni

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